



# Prognostic Value of the ESPEN Consensus and Guidelines for Malnutrition: Prediction of Post-Discharge Clinical Outcomes in Older Inpatients

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Résumé en anglais	<p><b>INTRODUCTION:</b> Our study aimed to determine whether malnutrition and nutrition-related conditions using the European Society for Clinical Nutrition and Metabolism (ESPEN) consensus were associated with functional status, institutionalization, readmissions, and mortality in older patients at 3-month follow-up.</p> <p><b>METHODS:</b> A cohort of 102 consecutive deconditioned patients was assessed at 3 months postdischarge from postacute geriatric care. Inclusion criteria were age <math>\geq 70</math> years, scores of Mini-Mental Status Examination <math>\geq 21/30</math>, and being admitted for rehabilitation after an acute non-disabling disease. Malnutrition as defined by ESPEN consensus and nutrition-related conditions (such as frailty, sarcopenia, overweight/obesity, nutrient deficiency, and cachexia) was assessed, and related to postdischarge clinical outcomes at 3-month follow-up.</p> <p><b>RESULTS:</b> Of 95 included patients (<math>84.5 \pm 6.5</math> years; 63.2% women), 31 had unintentional weight loss and 19 fulfilled malnutrition criteria defined by the ESPEN consensus. Nutrition-related conditions were frequent: 94 patients had frailty, 44 sarcopenia, 58 overweight/obesity, and 59 nutrient deficiency. Sarcopenia reduced functional status at 3-month follow-up (median difference: -25.5; 95% confidence interval (CI) -46.4 - -4.3, <math>P = 0.008</math>). Institutionalization was related to unintentional weight loss in univariate analysis (odds ratio (OR) = 3.9; 95%CI 1.3 - 12.4, <math>P = 0.018</math>). Meeting the basic ESPEN definition of malnutrition was related to institutionalization in univariate (OR = 3.4; 95%CI 1.0 to 11.3, <math>P = 0.042</math>) but not multivariate analysis, and was not significantly associated with readmissions or mortality at 3-month follow-up.</p> <p><b>CONCLUSIONS:</b> Further research is needed on the potential value of the ESPEN consensus and guidelines for malnutrition to identify older patients at risk of worse functional status, institutionalization, readmissions, and mortality at 3-month follow-up postdischarge.</p>
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## Liens

- [1] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=30994>
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